

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039 - 6/25/19

VETBOARD.AZ.GOV

received
6/25/19

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: June 25, 2019 Case Number: 19-96

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Hanson Tryon
Premise Name: Desert Hills Animal Clinic
Premise Address: 1039 E. CareFree Hwy., Suite A
City: Phoenix State: AZ Zip Code: 85085
Telephone: 623-295-0021

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Betty Garner
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]
work

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Tyson
Breed/Species: Long Hair Domestic Cat
Age: 12 Sex: M Color: B + W

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Vet Med - Dr. Grant + Dr. Miller
20610 N. Cave Creek Road,
Phoenix, AZ 85024
602-697-4694

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Jessica Arrdt

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Betty Warner
Date: 6/25/19

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

In November of 2018, I took Tyson (12 year-old neutered long-hair domestic cat) to Desert Hills Animal Clinic complaining of a very strange cough and hard swallowing. He was also due for a regular checkup.

The Vet (Dr. Tyrone) ran bloodwork and said that he needed dental procedures. He did not suggest or recommend any x-rays. He said the coughing was due to hairballs. Since Tyson has very long hair, he has had hairballs all of his life and this cough was not that.

On June 15, 2019 (Saturday), I took Tyson back into the same vet and by this time, Tyson's breathing was very labored and I produced a video of Tyson's coughing fits. Again, no x-rays were suggested or recommended. He said Tyson needed a steroid shot. At this time, he told me bloodwork was not needed, but I insisted because I wanted it compared to the November 2018 panel.

On June 16, 2019 (Sunday), I had to take Tyson into the 24-hour emergency vet (VetMed) because his coughing fits got worse and his breathing was very intensive.

VetMed kept him 2 full days and ran multiple tests and indicated that Tyson has congestive heart failure with fluid in his lungs. They kept him in an oxygen cage and IV's and lots of meds. Dr. Grant (VetMed) insinuated to me that the long-lasting steroid shot possibly put Tyson into the condition he was in.

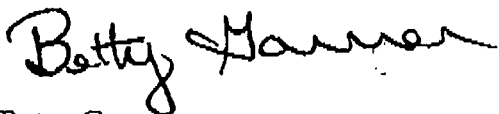
I feel that Dr. Tyrone failed my cat. The expensive emergency vet and now a life time of medications for Tyson possibly could have been avoided.

I am into the expenses for this around \$3,400.00 and still have more to go. Plus, Tyson will need to be on medication and follow-up visits for the rest of his life.

I feel like I should be compensated from Desert Hills Animal Clinic for the pain and suffering they have put my cat through and the frustration and expense that they have put me through.

Any questions, please do not hesitate to contact me. I can provide all of his records to date if needed.

Thank you for your time.



Betty Garner



Desert Hills
ANIMAL CLINIC
Family Healthcare for your Pet

Bryan Neidigh, DVM
Cheryl Rahal, DVM ACVIM
Jennifer Fitzpatrick, DVM

Desert Hills Animal Clinic
1039 E Carefree Hwy, Suite A, Phoenix, AZ 85085
623-581-1558 623-581-1577 (fax)

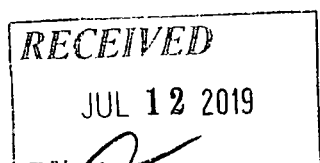
In Re: Monson Tryon, D.V.M., Cause No. 19-96

Tyson Garner, a thirteen (13) year-old neutered male cat presented to Desert Hills Animal Clinic on Saturday, June 15, 2019. Tyson's owner, Betty Garner, reported that Tyson had been experiencing heavy breathing and a consistent cough. Ms. Garner indicated that Tyson first started experiencing this cough in November 2018, but that it had progressed in the last few days.

I had previously examined Tyson Garner on three (3) prior occasions, including two visits in November 2018. None of these visits were related to Tyson's reported cough or any reports of trouble breathing. I performed a dental cleaning and extraction in November 2018. At that time, Ms. Garner did not report Tyson as having any coughing or labored breathing. I did not observe any abnormalities of Tyson's respiratory/cardiovascular systems during my November 2018 physical examination either. The November 2018 dental procedure was unremarkable. Desert Hills Animal Clinic did not examine Tyson between November 6, 2018, and June 15, 2019.

During the June 15, 2019 appointment, I noted that Tyson exhibited an increased respiratory breathing rate, and was exhibiting open-mouth breathing. I also observed that Tyson had a slight thyroid slip, and his right kidney palpated larger than his left. During my consultation with Ms. Garner following my physical examination, Ms. Garner showed me a home video she took a few days prior, where Tyson had exhibited problems breathing. Ms. Garner stated that she thought Tyson's episode was asthma-related. I stated to her that, based on my review of the video, it could be asthma-related, and suggested that we could take X-rays to determine if Tyson's breathing abnormalities were asthma-related. We then discussed Tyson's treatment options if asthma was determined to be the cause, which included oral, inhaled, or injected steroids. We then discussed the possibility of additional blood work.

Ultimately, Ms. Garner approved a blood work panel, and I provided Tyson with a steroid (0.15ml of kenalog (10 mg/ml triamcinolone), which was administered subcutaneously. Ms. Garner elected to postpone additional diagnostic testing while we waited for the blood work results, and to see whether Tyson responded to the steroid therapy. I explained to Ms. Garner that I would follow-up with her early the next week when I received Tyson's blood work results. In the meantime, we could determine whether Tyson's symptoms were asthma-related based on how he responded to the steroid.





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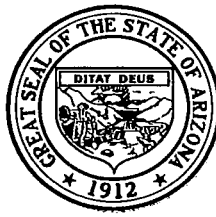
Bryan Neidigh, DVM
Cheryl Rahal, DVM ACVIM
Jennifer Fitzpatrick, DVM

On Monday, June 17, 2019, I followed-up with Ms. Garner to provide her with Tyson's blood work results. Ms. Garner informed me that she had taken Tyson to VetMed for emergency care on Sunday, June 16, 2019, when he failed to improve following the steroid therapy. Ms. Garner informed me that Tyson was diagnosed with congestive heart failure. Ms. Garner expressed concern that I had not made a similar diagnosis during her June 15 visit. I explained the differential diagnosis process to Ms. Garner, and answered all of her questions. This concluded my involvement in this matter.

I am confident that all veterinary services provided by me and Desert Hills Animal Clinic to Tyson were performed professionally, and in compliance with the applicable standard of care. A copy of the Tyson's medical records are enclosed with this Response. Thank you for providing me with the opportunity to respond to this Complaint. I respectfully request that the Board dismiss Claim No. 19-96 with no violations.

Respectfully submitted,

Monson Tryon, D.V.M.



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Christine Butkiewicz, DVM
William Hamilton
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Victoria Whitmore - Executive Director
Mary Williams – Assistant Attorney General

RE: Case: 19-96
Complainant(s): Betty Garner
Respondent(s): Monson Tryon, DVM (License: 7137)

SUMMARY:

Complaint Received at Board Office:
Committee Discussion: 9/10/19
Board IIR: 10/16/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On June 15, 2019, "Tyson," a 12-year-old male domestic long hair cat was presented to Respondent with labored breathing and coughing. Blood work was performed and a steroid injection was administered to the cat due to suspected asthma. Further diagnostics were to be discussed pending blood work results and response to the injection.

The following day, Complainant presented the cat to VETMED on emergency for worsening of difficult breathing. The cat was hospitalized for diagnostics and treatment and was diagnosed with congestive heart failure.

Complainant was noticed and appeared.

Respondent was noticed and appeared with Counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Betty Garner*
- Respondent(s) narrative/medical record: *Monson Tryon, DVM*
- Consulting Veterinarian(s) narrative/medical records: *VETMED*

PROPOSED 'FINDINGS of FACT':

1. On November 3, 2018, the cat was presented to Respondent due to not eating and swallowing hard according to the medical record. A couple days prior, Complainant reported the cat had been vomiting food and compacted hair, but then stopped vomiting and eating. Upon exam, the cat had a weight = 15.6 pounds, a temperature = 99.6 degrees, a heart rate = 160bpm and a respiration rate 80rpm; BAR. Respondent noted gingival hyperplasia above tooth 108; some blood was noted and the cat's mouth chattered when Respondent pressed on tooth 108. Stage 2 dental disease noted. Respondent's assessment was likely tooth root absorbtive lesions therefore he recommended a dental cleaning. He collected blood and dispensed an appetite stimulant; the cat was discharged with Mirtazapine ointment, 1; apply 1.5 inches of ointment to the inside of the ear every 24 hours with gloved finger.

2. According to Complainant, she had presented the cat on November 3rd for a strange cough and hard swallowing. Respondent advised that the coughing was due to hairballs – Complainant did not think that was the case due to the cat having long hair and having hair balls all his life; the cough was not the same. Respondent did not suggest radiographs. He recommended blood work and a dental procedure.

3. On November 6, 2018, the cat was presented to Respondent for a dental procedure. Upon exam, the cat had a weight = 15.3 pounds, a temperature = 100 degrees, a pulse rate = 180bpm and a respiration rate = 45rpm; BAR. Blood results revealed the cat was a surgical candidate. An IV catheter was placed and Normosol fluids were initiated. The cat was pre-anesthetized with midazolam and hydromorphone SQ; induced with midazolam and propofol IV; intubated and maintained on isoflurane and oxygen. The cat was administered cefazolin IV. The cat's teeth were scaled and polished; two teeth were extracted – tooth 107 and 403 due to mobility and resorptive lesions. The cat recovered and was discharged later that day with Clavamox and Metacam.

4. Respondent reported that the cat was not examined again until June 15, 2019. However, the medical records show that the cat was presented to the premises for vaccines on January 24, 2019. It appears technical staff obtained the cat's vitals (W - 15.8#, T – 100.5 degrees, P – 160bpm and R – Normal; BAR) and administered a FVRCP and FeLV. Dr. Brian Neidigh is the responsible veterinarian for the premises.

5. On June 15, 2019, the cat was presented to Respondent due to coughing, not bringing up any hairballs, and breathing heavy. Complainant reported that the cat has been having issues since November 2018. Upon exam, the cat had a weight = 15.4 pounds, a temperature = 100.6 degrees, a pulse rate = 160bpm and a respiration rate = 130rpm/labored; BAR. Respondent noted a slight thyroid slip; tartar build up on molars; enlarged right kidney on abdominal palpation; and increased respiratory rate with open mouth breathing.

6. According to Respondent, Complainant showed him a video of the cat exhibiting breathing problems. Complainant felt that the cat's episode could be asthma-related. Respondent stated it could be, but suggested radiographs be performed to determine if the cat's breathing abnormalities were asthma-related. They also discussed treatment options if asthma was determined to be the cause, which included oral, inhaled, or injected steroids. They further

discussed blood work and ultimately, Complainant approved a blood work panel. Respondent also administered Kenalog 10mg/mL, 0.15mL SQ and Complainant elected to postpone additional diagnostic testing while they waited for the blood results and see if the cat responded to therapy. The cat was discharged.

7. According to Complainant, radiographs were not suggested or recommended. Respondent administered a steroid injection and stated blood work was not needed at that time. However Complainant insisted blood work be performed to compare to the blood work done in November 2018.

8. The following day, June 16, 2019, the cat was presented to VETMED on emergency due to heavy breathing with increased respiratory rate and coughing and gagging. Complainant reported the cat had been developing coughing episodes since the previous fall but was told there were no abnormalities by the primary DVM. The previous day, blood work was performed and a steroid injection was administered for possible asthma. The cat's breathing continued to worsen.

9. Dr. Yeisley found harsh congested lung sounds with some wheezing; increased respiratory rate with mild intermittent abdominal component. It was difficult to auscult for murmur due to the level of harshness of lung sounds present. Thoracic radiographs were performed and submitted for radiologist review. Results revealed cardiogenic pulmonary edema, pleural effusion consistent with heart failure, bronchointerstitial pulmonary disease pattern most likely associated with historical asthma and a potential for fungal disease. Cardiac enlargement was also noted.

10. Complainant was advised of the findings and it was recommended the cat be hospitalized for supportive care, oxygen therapy and treatment with diuretics and antibiotics. The plan was to stabilize the cat overnight and arrange for further evaluation by the cardiology department the next day to further determine appropriate diagnostics and therapy for the cardiopulmonary disease findings.

11. On June 17, 2019, a cardiopulmonary ultrasound was performed by a cardiologist who confirmed congestive heart failure and hypertrophic cardiomyopathy. In addition to diuretics, the cat was started on Pimobendan and Clopidogrel. The cat improved and was weaned off oxygen overnight and was discharged the following day by Dr. Grant with Clopidogrel, Furosemide, Pimobendan, and Doxycycline.

COMMITTEE DISCUSSION:

The Committee discussed they had issues with radiographs not being recommended especially in a cat having breathing issues and possible asthma. Hypertrophic cardiomyopathy is not always diagnosed with an x-ray as the heart is not physically enlarged – it is thickened which requires an ultrasound to see. However, in this case, the suspicion was asthma which an x-ray would be warranted to diagnose.

If a radiograph was taken and asthma was identified, not a heart issue, steroids still may have been administered.

The cat would have likely needed to be on medication for heart disease at some point.

The Committee also expressed concerns that a veterinarian did not examine the cat on January 24, 2019 prior to vaccine administration.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

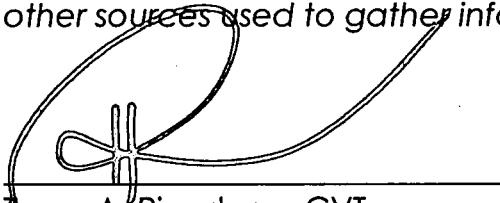
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) failure to provide professionally acceptable procedure by not recommending thoracic radiographs on June 15, 2019.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to read 'Tracy A. Riendeau', is written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division